The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

File Original and First Copy with Department of Ecology
Second Copy — Owner's Copy
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WATER WELL REPORT

STATE OF WASHINGTON

A KY 758

Application No. ______
Permit No. ______

(1) OWNER: Name [illegible] Hubbard Address [illegible]

(2) LOCATION OF WELL: County [illegible] ___ ¼ ___ ¼ Sec 31 T 34 N., R 2 W.M.

Bearing and distance from section or subdivision corner

(3) PROPOSED USE: Domestic ☑ Industrial ☐ Municipal ☐ Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) ______
New well ☑ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☐ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well ______ inches.
Drilled [illegible] ft. Depth of completed well [illegible] ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from [illegible] ft. to 219 ft.
Threaded ☐ ______" Diam. from ______ ft. to ______ ft.
Welded ☐ ______" Diam. from ______ ft. to ______ ft.

Perforations: Yes ☐ No ☑
Type of perforator used ______
SIZE of perforations ______ in. by ______ in.
______ perforations from ______ ft. to ______ ft.
______ perforations from ______ ft. to ______ ft.
______ perforations from ______ ft. to ______ ft.

Screens: Yes ☑ No ☐
Manufacturer's Name [illegible]
Type [illegible] Model No. ______
Diam. 6 Slot size 15 from 219 ft. to 229 ft.
Diam. ______ Slot size ______ from ______ ft. to ______ ft.

Gravel packed: Yes ☐ No ☑ Size of gravel: ______
Gravel placed from ______ ft. to ______ ft.

Surface seal: Yes ☑ No ☐ To what depth? [illegible] ft.
Material used in seal [illegible]
Did any strata contain unusable water? Yes ☐ No ☐
Type of water? ______ Depth of strata ______
Method of sealing strata off ______

(7) PUMP: Manufacturer's Name [illegible]
Type: Sub H.P. 2

(8) WATER LEVELS: Land-surface elevation above mean sea level [illegible] ft.
Static level 190 ft. below top of well Date [illegible]
Artesian pressure ______ lbs. per square inch Date ______
Artesian water is controlled by ______ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☐ No ☐ If yes, by whom? [illegible]
Yield: [illegible] gal./min. with [illegible] ft. drawdown after [illegible] hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	193	[illegible]	193
[illegible]	191	[illegible]	192	[illegible]	192

Date of test ______
Bailer test ______ gal./min. with ______ ft. drawdown after ______ hrs.
Artesian flow ______ g.p.m. Date ______
Temperature of water ______ Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG: R23431-319-4120

Formation: *Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.*

MATERIAL	FROM	TO
Sand	[illegible]	[illegible]
[illegible]	[illegible]	85
[illegible]	[illegible]	[illegible]
Coarse Sand	97	[illegible]
Blue Clay & Sand	112	127
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	229

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MAY 23 2012
WATER RESOURCES PROGRAM
NWRO

[illegible]
[illegible]
[illegible]
[illegible] SET 215' [illegible]

Work started [illegible], 19__ Completed [illegible], 19__

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Well [illegible] Drillers (Person, firm, or corporation) (Type or print)

Address 429 N. [illegible]

[Signed] [illegible] (Well Driller)

License No. 1304 Date 7/27, 19__

4823011223365106

(USE ADDITIONAL SHEETS IF NECESSARY)

ECY 050-1-20